

## HCSDB Issue Brief

Liana Manuel, Amy Gehrke, and Nancy Clusen

# Exploring Patterns of Urgent Care Use Among TRICARE Beneficiaries

Urgent care centers (also called walk-in care, immediate care, and convenient care) provide immediate care to patients with a non-emergency illness or injury. They play an important and expanding role in American health care, with a growth rate of nearly 20 percent from 2015 to 2018 (Alkon 2018). Convenience is the main attraction for most patients, because the centers offer more after-hours options than most primary care practices do, with walk-in appointments available in the evening and on weekends. Low out-of-pocket costs are also appealing. Urgent care visits generally cost about the same as primary care visits and are less expensive than emergency room visits (Yee, Lechner, and Boukus 2013).

Many urgent care centers also offer patients the convenience of getting primary care services, such as vaccinations and physicals, which can be valuable to patients without a regular doctor. The Urgent Care Association estimates that urgent care centers handle more than 29 percent of all primary care visits in the country (Alkon 2018). Those primary care services appeal to younger adults, who are less likely than older people to have a personal doctor. In 2018, a survey conducted by the Employee Benefit Research Institute revealed that 33 percent of millennials, ages 22 to 37 at the time, did not have a regular doctor, compared with 15 percent of those ages 50 to 64 (Kaiser Health News 2018). Similarly, the 2015 PNC Healthcare consumer survey revealed that millennials were more likely to use urgent care, whereas 85 percent of seniors (ages 65 and older) preferred to see their primary care physician (Alkon 2018).

Getting prompt access to care, including urgent care, is a Defense Health Agency (DHA) priority for TRICARE beneficiaries. TRICARE access standards require TRICARE Prime users to have access to urgent care within 24 hours. To help beneficiaries get prompt access to care, TRICARE allows beneficiaries to use urgent care centers associated with any TRICARE-authorized center or network provider without a referral.

This issue brief explores the association between urgent care use among non-Active Duty TRICARE beneficiaries and having a personal doctor.

- There was no significant difference in urgent care center use between beneficiaries who have and do not have a personal doctor; however, urgent care centers were more popular among younger beneficiaries (particularly ages 25-34). Younger beneficiaries were more likely to not have a personal doctor, compared to older beneficiaries.
- Beneficiaries without a personal doctor were more likely to use urgent care centers for routine care, compared to beneficiaries with a personal doctor.
- Many beneficiaries, regardless of whether they had a personal doctor, agreed that the convenience of urgent care centers, in terms of location and time to be treated, was appealing. Beneficiaries without a personal doctor also found the costs of urgent care centers appealing. About a quarter agreed that the urgent care center was low or no cost to the patient and about a third agreed that the urgent care center would process their TRICARE claims without problems.

Urgent care centers are intended to provide care for conditions that need attention before they become serious health risks, but do not threaten life, limb, or eyesight. However, because urgent care centers are increasingly offering primary care, it is important to know which TRICARE beneficiaries are using urgent care centers and why.

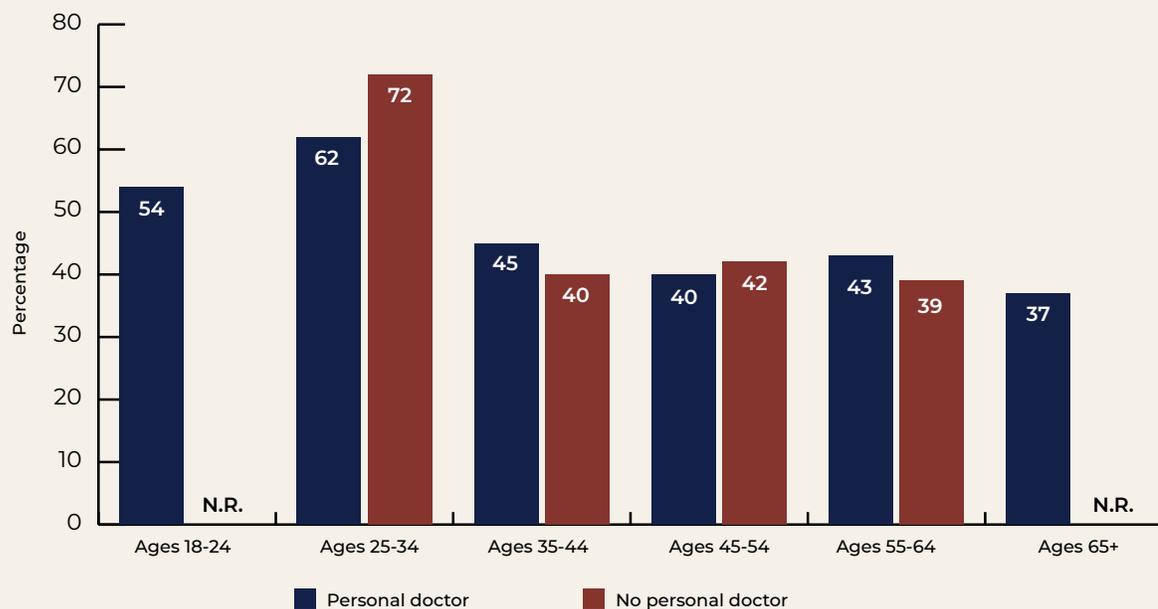
This issue brief uses data from the Fiscal Year 2020 Quarter 1 Health Care Survey of Department of Defense Beneficiaries (HCSDB) to explore TRICARE beneficiaries' use of urgent care centers and examines whether use varies depending on access to a personal doctor. The analysis focuses on 2,751 non-Active Duty (non-AD) beneficiaries who reported needing immediate care at some time in the last six months, particularly those who visited an urgent care center. Survey respondents were organized into three groups for analysis: beneficiaries without a personal doctor; beneficiaries with a personal doctor whose availability was unknown, or whose office was closed at the time of the urgent care visit; and beneficiaries with a personal doctor whose office was open.

## Who uses urgent care?

More than two in five (43 percent) of all non-AD beneficiaries who needed immediate care within the past six months used an urgent care center (not shown). Most non-AD beneficiaries who needed immediate care had a personal doctor (92 percent, not shown), but this percent varied significantly by age. Nearly all beneficiaries (99 percent, not shown) 65 or older who needed immediate care said they had a personal doctor. In comparison, roughly 75 percent of beneficiaries ages 25-34 who needed immediate care said they had a personal doctor (not shown). After controlling for age, there was no difference in utilization rates of urgent care centers between beneficiaries with and without a personal doctor (Figure 1).

Urgent care centers were the most popular among younger beneficiaries, particularly those ages 25-34. Seventy-two percent of beneficiaries in this age group who did not have a personal doctor and 62 percent of beneficiaries who did used an urgent care center (Figure 1). In comparison, about 40 percent of beneficiaries ages 35 and older visited an urgent care center, regardless of whether they have a personal doctor or not.

**Figure 1. Use of urgent care centers by beneficiaries with immediate care needs, by having a personal doctor and age**

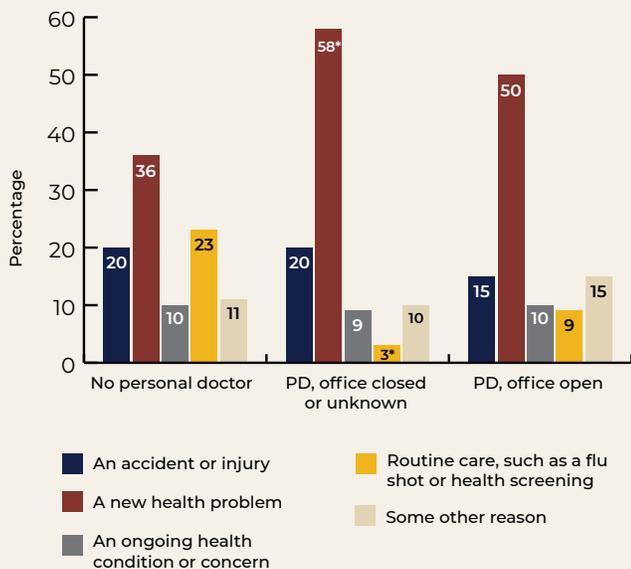


N.R.= Not reported due to small sample size.

## Why do people use urgent care?

The main reason given for using an urgent care center was a new health problem, regardless of whether the person had access to a personal doctor. Over half of beneficiaries who did have a personal doctor—and over one-third of those who did not have one—went to an urgent care center for a new health problem (Figure 2). Moreover, for beneficiaries without a personal doctor, the second most popular reason for using an urgent care center was routine care, such as a flu shot or health screening (23 percent). In comparison, only 9 percent of beneficiaries with a personal doctor who was available—and 3 percent of beneficiaries with a personal doctor who was not available—used urgent care centers for this reason. Only about 10 percent of all beneficiaries, regardless of their access to a personal doctor, used urgent care for an ongoing health problem.

**Figure 2. Reasons for seeking urgent care by having a personal doctor and doctors' availability**



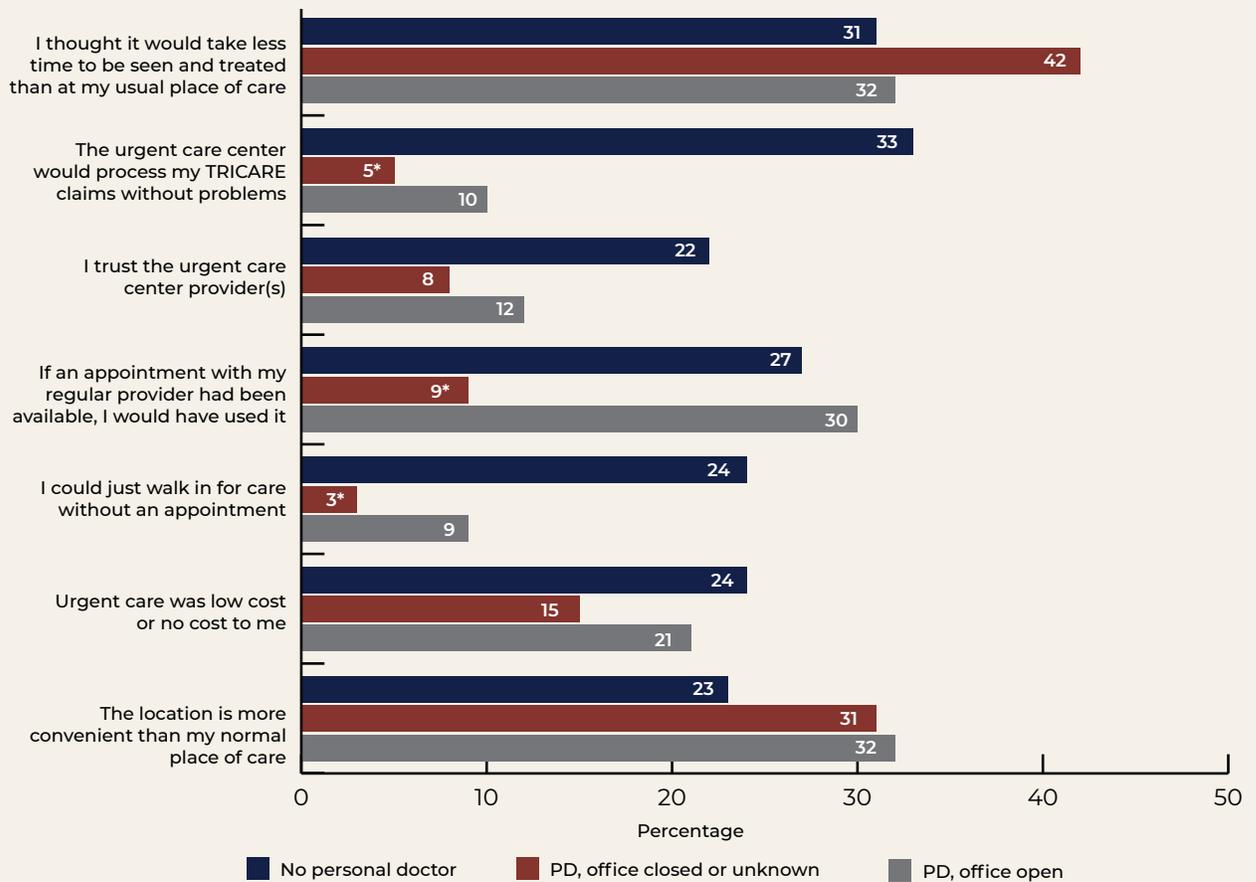
\*Significantly different from beneficiaries without a personal doctor ( $p < 0.05$ )

Beneficiaries were asked whether they agreed or strongly agreed with statements about their most recent visit. The statements were designed to reveal the most important aspects of urgent care. Many beneficiaries agreed that using urgent care would take less time than going to their usual place of care (Figure 3). This statement was the one that the most beneficiaries with a personal doctor agreed with, and the one that had the second highest level of agreement among beneficiaries without a personal doctor.

Location was also important to many beneficiaries. This statement was the one with the second highest level of agreement among beneficiaries with a personal doctor whose office was closed, or availability was unknown. It was the statement that the most beneficiaries with a personal doctor who was available at the time of the urgent care visit agreed with. Although it was the 6th most agreed with statement among beneficiaries without a personal doctor, nearly one-quarter of them also agreed the location was more convenient than their usual place of care.

The results show that the three groups had different attitudes on the importance of the walk-in option and the expected ease of processing TRICARE claims. Nearly one-quarter of beneficiaries without a personal doctor cited the ability to walk in without an appointment as a reason for going to urgent care, compared with 3 percent of those whose personal doctor was unavailable at the time (Figure 3). Beneficiaries without a personal doctor also expected that the urgent care center would process their TRICARE claim without issues; this was the statement they were most likely to agree to. In contrast, a much smaller percent of beneficiaries with a personal doctor agreed with this statement. Beneficiaries with a personal doctor who was unavailable were less likely than those without a personal doctor to say that they would have gone to their regular provider if an appointment had been available, suggesting that they went directly to an urgent care center when they knew their personal doctor was unavailable. Almost one-third of beneficiaries without a personal doctor agreed that they would have gone to their regular provider if an appointment had been available; however, we do not know who these beneficiaries are referring to as their regular provider because they said they did not have a personal doctor.

**Figure 3. Agreement with statements about the recent urgent care center visit by having a personal doctor and doctors' availability**



\*Significantly different from beneficiaries without a personal doctor (p < 0.05)

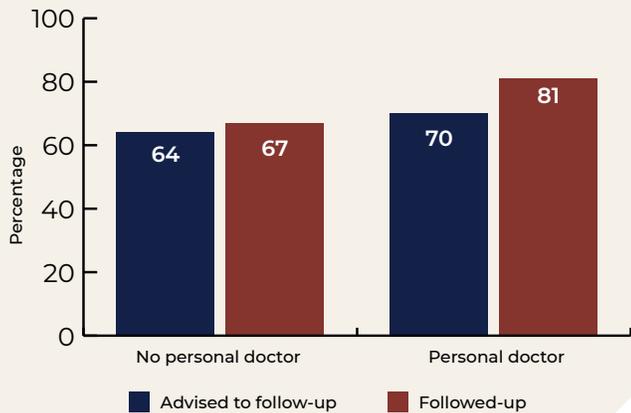
## Following up with a personal doctor

Most urgent care physicians reinforce the importance of continuity of care, even for people without a personal doctor. During the urgent care visit, 64 percent of beneficiaries without a personal doctor and 70 percent of beneficiaries with a personal doctor were advised to follow up with their personal doctor. For beneficiaries without a personal doctor 67 percent said they did seek follow-up care. Eighty-one percent of those beneficiaries with a personal doctor said they did seek follow-up care (Figure 4). Future surveys could add questions whose answers might explain how patients without regular providers seek follow-up care.

## Discussion

Beneficiaries agreed urgent care centers were appealing due to their convenience, in terms of location and time to be seen and treated, but there were differences in who was using them and how they were used. After controlling for age, there was no significant difference between beneficiaries with and without a personal doctor in the percentage of use of urgent care centers. However, younger beneficiaries are less likely to have a personal doctor. Urgent care center use was more popular among younger beneficiaries, particularly those ages 25-34 compared to older beneficiaries. Among beneficiaries ages 25-34, there was a 10 percentage point difference in urgent care center use between those with and without a personal doctor; however, we were unable to detect a significant difference, possibly due to a low number of respondents. Additionally, beneficiaries

**Figure 4. Beneficiaries advised and receiving follow-up care by having a personal doctor**



without a personal doctor were more likely to go to an urgent care center for routine care, compared to beneficiaries with a personal doctor.

Younger beneficiaries, including millennials, who are less likely to have a personal doctor, might think that using an urgent care center is more convenient or easier than establishing a relationship with a personal doctor. On the other hand, having no personal doctor could be an issue of access. If beneficiaries are having a difficult time finding a provider who accepts TRICARE, they could turn to urgent care centers for routine care. The fact that many beneficiaries without a personal doctor appreciated the quick processing of claims and the relatively inexpensive treatment could mean that urgent care centers are filling a critical access need.

More research is needed to understand why beneficiaries use urgent care centers, particularly if they do not have a personal doctor. Larger samples could tell us whether having a personal doctor is associated with younger beneficiaries' decision to seek

care at an urgent care center. One limitation of our analysis is that the survey asked about use of urgent care centers when beneficiaries needed care right away for an illness, injury, or condition in the last six months. This emphasis on an immediate need may have resulted in fewer responses from beneficiaries who only used urgent care centers for routine care—which could have led us to underestimate the use of urgent care centers for this purpose.

Besides increasing the sample size with future survey rounds, more research is needed on beneficiaries' health plans (such as Prime with a military primary care manager, Prime with a civilian primary care manager, and Select), including the availability of providers accepting TRICARE in their area. Such research could shed more light on the role of urgent care centers in serving TRICARE beneficiaries, especially those without a personal doctor.

## References

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## Sources

Q1 FY2020 Health Care Survey of Department of Defense Beneficiaries. N = 8,395. The response rate is 8.4 percent. The survey was fielded from October 9, 2019, to January 31, 2020.